Authorization For Release Of Medical Records

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upstate ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last four digits of S.S. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle One) Employee Volunteer/Affiliate Student If not active, provide separation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the UPSTATE MEDICAL UNIVERSITY EMPLOYEE/STUDENT HEALTH OFFICE to copy and release the following medical information on myself:

\_\_\_\_\_\_\_ Annual Health Assessment/ TB Test \_\_\_\_\_\_\_ Lab Work/ Titers/Immunization records

\_\_\_\_\_\_\_ Physical Exam Statement \_\_\_\_\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞽 HIV information cannot be released with this form 🞽

Choose ONE method of delivery for released information (allow up to 10 business days to process request):

\_\_\_\_\_\_\_ I will pick this up at the Employee/Student Health Office (we will call you when information is ready to be picked up).

\_\_\_\_\_\_\_ Fax to: ( ) ATTN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Email to: (see note below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE PRINT CLEARLY)

**NOTE: All scanned records to any email account other than GroupWise must be encrypted for security purposes. If the email address you provide is an external address (e.g., gmail, yahoo, etc.), the information you receive will be encrypted. To open the email, you must follow the directions in the registration process.**

Your signature (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization expires upon release of requested information.

These copies are provided to you free of charge. We suggest you make extra copies for your records.

OFFICE USE ONLY

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee initials: \_\_\_\_\_\_\_\_\_\_\_\_\_